

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/9

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 07/01/2017 **THROUGH** 09/30/2017

CUMULATIVE PERIOD BEGINNING 01/01/2017

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF FILER:

COUNTY OF SAN DIEGO

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SAN DIEGO

CA

92101

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

AB 210,377,593,801,805,840,901,1250,1401; SB 214,230,438,480,507,649,793; SCA 12

☒ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>85282.64</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>540086.50</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>625369.14</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
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F. Campaign Contributions: ☐ Part IV completed and attached ☒ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
10/31/2017

At (City and State)
SAN RAFAEL, CA

By (Signature of Employer or Responsible Officer)
STEVEN S. LUCAS

Name of Employer or Responsible Officer (Type or Print)
STEVEN S. LUCAS

Title
ATTORNEY & AGENT FOR FILER

PERIOD COVERED: 07/01/2017 09/30/2017NAME OF FILER: COUNTY OF SAN DIEGO**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SACRAMENTO CA 95814	54961.05	0.00	0.00	54961.05	164883.15
JGC GOVERNMENT RELATIONS, INC. SACRAMENTO CA 95814	30110.01	211.58	0.00	30321.59	90541.61

TOTAL THIS PERIOD (Column 4)Also enter the total of Column 4 on Line B of the
Summary of Payments section on page 1.

\$ 85282.64

☐ If more space is needed, check box and attach
continuation sheets

PERIOD COVERED: 07/01/2017 09/30/2017NAME OF FILER: COUNTY OF SAN DIEGO**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)
 Also enter the total of Section C on Line C of
 the Summary of Payments section on page 1.

\$ 0.00

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION
☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

\$ 540086.50

2. OTHER PAYMENTS

 TOTAL SECTION
 D (1 + 2) Also
 enter the total of
 Section D on Line
 D of the Summary
 of Payments
 section on page 1.

\$ 540086.50

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 07/01/2017 09/30/2017NAME OF FILER: COUNTY OF SAN DIEGO

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM**640**

5/9

PERIOD COVERED: 07/01/2017--09/30/2017NAME OF FILER: COUNTY OF SAN DIEGO**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u>	\$ 8479.50
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u>	\$ 0.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 531607.00
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ 540086.50

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
[O] - CALIFORNIA ASSESSORS' ASSOCIATION WOODLAND CA 95659	\$ 0.00	\$ 5060.00
[O] - CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS	\$ 0.00	\$ 34509.00
[O] - CALIFORNIA STATE SHERIFFS' ASSOCIATION SACRAMENTO CA 95814	\$ 0.00	\$ 47032.00
Subtotal of all payments itemized above	\$ 0.00	

☒ If more space is needed, check box and attach continuation sheets.

Attachment Form 640

(Continuation Sheet)

CALIFORNIA
1993 FORM**640**

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PERIOD COVERED: 07/01/2017--09/30/2017NAME OF FILER: COUNTY OF SAN DIEGO

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
[O] - CALIFORNIA WIC ASSOCIATION SACRAMENTO CA 95691	1100.00	2200.00
[O] - COUNTY HEALTH EXECUTIVES ASSN. OF CA SACRAMENTO CA 95814	0.00	49710.00
[O] - HEALTH OFFICERS ASSOCIATION OF CALIFORNIA SACRAMENTO CA 95814	0.00	17250.62
[O] - CALIFORNIA ASSOCIATION OF HEALTH FACILITIES SACRAMENTO CA 95816	0.00	16495.10
[O] - CALIFORNIA BUILDING OFFICIALS SACRAMENTO CA 95818	0.00	375.00
[O] - AMERICAN PLANNING ASSOCIATION,CALIFORNIA CHAPTER SACRAMENTO CA 95816	0.00	375.00
[O] - CALIFORNIA PEACE OFFICERS ASSOCIATION SACRAMENTO CA 95814	0.00	7375.00
[O] - U.S. GREEN BUILDING COUNCIL,INC. WASHINGTON DC 20037	0.00	1500.00
[O] - CALIFORNIA AGRICULTURAL COMMISSIONER & SEALERS ASSOCIATION HANFORD CA 93230	0.00	14300.00
Subtotal of all payments itemized above	\$ 1100.00	

Attachment Form 640

(Continuation Sheet)

CALIFORNIA
1993 FORM**640**

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PERIOD COVERED: 07/01/2017--09/30/2017NAME OF FILER: COUNTY OF SAN DIEGO

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
[O] - CALIFORNIA LIBRARY ASSOCIATION PASADENA CA 91106	0.00	1800.00
[O] - CALIFORNIA AIR POLLUTION CONTROL OFFICERS ASSOCIATION SACRAMENTO CA 95814	0.00	15500.00
[O] - SAN DIEGO METROPOLITAN TRANSIT SYSTEM SAN DIEGO CA 92101	0.00	10000.00
[O] - CHIEF PROBATION OFFICER'S OF CALIFORNIA SACRAMENTO CA 95814	0.00	76501.49
[O] - SAN DIEGO COUNTY WATER AUTHORITY SAN DIEGO CA 92123	0.00	5000.00
[O] - CALIFORNIA STATE ASSOCIATION OF COUNTIES SACRAMENTO CA 95814	221256.00	240793.00
[O] - CALIFORNIA ASSOCIATION OF PUBLIC AUTHORITIES FOR IHSS SACRAMENTO CA 95814	16354.00	16354.00
[O] - CALIFORNIA ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS MARTINEZ CA 94553	2000.00	2000.00
[O] - URBAN COUNTIES OF CALIFORNIA SACRAMENTO CA 95814	37000.00	37000.00
Subtotal of all payments itemized above	\$ 276610.00	

Attachment Form 640

(Continuation Sheet)

CALIFORNIA
1993 FORM**640**

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PERIOD COVERED: 07/01/2017--09/30/2017NAME OF FILER: COUNTY OF SAN DIEGO

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
[O] - FIRST 5 ASSOCIATION OF CALIFORNIA ALAMEDA CA 94501	59747.00	59747.00
[O] - SAN DIEGO ASSOCIATION OF GOVERNMENTS SAN DIEGO CA 92101	84821.00	84821.00
[O] - COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA (CWDA) SACRAMENTO CA 95814	71305.00	71305.00
[O] - MULTIPURPOSE SENIOR SERVICES PROGRAM SITE ASSOCIATION SACRAMENTO CA 95814	4809.00	4809.00
[O] - CALIFORNIA ASSOCIATION OF AREA AGENCIES ON AGING SACRAMENTO CA 95814	7400.00	7400.00
[O] - CALIFORNIA ASSOCIATION OF HOUSING AUTHORITIES SACRAMENTO CA 95811	1800.00	1800.00
[O] - MOSQUITO AND VECTOR CONTROL ASSOCIATION OF CALIFORNIA SACRAMENTO CA 95814	9000.00	9000.00
[O] - STATE ASSOCIATION OF COUNTY AUDITORS NAPA CA 95814	990.00	990.00
[O] - CALIFORNIA STATE ASSOCIATION OF PUBLIC ADMINISTRATORS,PUBLIC GUARDIANS,AND PUBLIC CONSERVATORS SACRAMENTO CA 95814	14025.00	14025.00
Subtotal of all payments itemized above	\$ 253897.00	

TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No: A

NIELSEN MERKSAMER WAS INTERMEDIARY FOR PAYMENTS MADE TO JGC GOVERNMENT RELATIONS,INC.

PAGE 2

Schedule F635P3B

Reference No: 19447

PAYMENTS PARTIALLY FOR 2Q 2017 - SEE ATTACHMENT A